

Mar 23 06 09:29a

03/24/2006 HDEMESS2 00000013 09800153

01 FC:2501

700.00 OP

P. 4



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

34232 7590 12/30/2005

**MATTHEW R. JENKINS, ESQ.**  
**2310 FAR HILLS BUILDING**  
**DAYTON, OH 45419**

03/23/2006 HGBREME 00000009 09800153

01 FC:1501  
 02 FC:1504  
 03 FC:8001

1400.00 OP  
 300.00 OP  
 30.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Barbara Huff</i>	(Depositor's name)
<i>Barbara Huff</i>	(Signature)
<i>3-23-2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/800,153	03/05/2001	Gregory A. Sims	SIMSG 01-01.PA	4533

TITLE OF INVENTION: INTEGRATED PEST PREVENTION SYSTEM

Refund Ref:  
03/24/2006

0030030167

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	Credit Card Refund	Total FEE(S)	DATE DUE
nonprovisional	YES	\$700	\$300		\$1000	03/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS	XXXXX2449
KIM, CHRISTOPHER S	3752	239-172000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JACOX

2 MECKSTROTH &amp;

3 JENKINS

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADVANCED PEST CONTROL SYSTEMS, INC.

SARASOTA, FLORIDA

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

\$ 1,000.00

4b. Payment of Fee(s):

☒ Publication Fee (No small entity discount permitted)

700.00

☐ A check in the amount of the fee(s) is enclosed.☒ Advance Order - # of Copies

10

30.00

☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Matthew R. Jenkins*  
 MATTHEW R. JENKINS

Date

3-16-06

Typed or printed name

Registration No.

34,844

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

2310 Far Hills Building  
Dayton, Ohio 45419

**JACOX,  
MECKSTROTH &  
JENKINS**



# Fax

**To:** U.S. Patent & Trademark Office

**From:** Matthew R. Jenkins, Esq.

**Fax:** 571/273-2885

**Pages:** 4 including cover

**Phone:**

**Date:** 3/23/2006

**Re:** Issue Fee for  
Serial No. 09/800,153

**Docket** MCY-FL 001 P2

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

• **Comments:**

Enclosures:

Cover Letter,

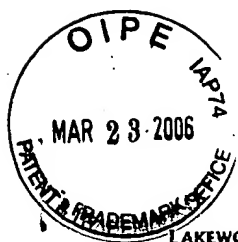
PTOL 85 Issue Fee Transmittal,

PTO-2038 Credit Card Payment Form

Thank you.

CONFIDENTIAL

The information contained in the facsimile transmission is privileged and/or confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is neither allowed nor intended. If you have received this communication in error, please immediately notify us by telephone at the above number and return the original message to us at the above address via the U.S. Postal service, or Federal Express, at our cost. Thank You.



LAKEWOOD RANCH  
6320 VENTURE DRIVE, STE 104  
BRADENTON, FL 34202

**JACOX, MECKSTROTH & JENKINS**

ATTORNEYS AT LAW  
PATENT, TRADEMARK & COPYRIGHT MATTERS

TEL: 941-388-9532  
FAX: 800-298-7418  
E-MAIL: LAW@JMJ.BIZ

**DOWNTOWN BRADENTON**

1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205

March 16, 2006

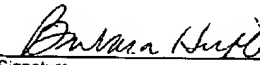
Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: Serial No. : 09/800,153  
Filed : March 5, 2001  
Title : INTEGRATED PEST  
PREVENTION SYSTEM  
Inventor : Gregory A. Sims and Jeffrey M. Wolfson  
Docket : MCY-FL 001 P2

Certificate of Facsimile  
I hereby certify that this correspondence is  
being facsimile transmitted to the United  
States Patent and Trademark Office at  
571-273-2885 on

3-23-2006

By Barbara Huff

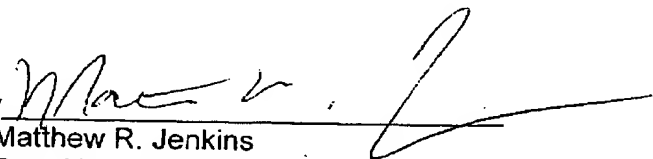
  
Signature

Sir:

- ☒ Payment of Issue Fee by credit card. Form PTO-2038 is attached.
- ☒ Form PTOL 85 Issue Fee Transmittal is attached.
- ☒ The Commissioner is hereby authorized to charge any deficiency in the payment of the required fees or to credit any overpayment to **Deposit Account No. 50-1287**. (Should Deposit Account No. 50-01287 be deficient, please charge any further deficiencies to Deposit Account No. 10-0220).

Respectfully submitted,

JACOX, MECKSTROTH & JENKINS

By   
Matthew R. Jenkins  
Reg. No. 34,844

Control MCY-FL 001 P2